

## **Maine WIC Nutrition Program**

11 State House Station Augusta, Maine 04333 207-287-3991 or 1-800-437-9300

TTY Users: Dial 711 Fax: 207-287-3993

## **Notification of Appeal Procedure**

Date of Notice:	Local WIC Agency:	·	
Based on information available eligible to receive WIC benefits	<b>U</b> , ,	is	not
Reason (s) for the decision:			
Local Agency Representative: _	Name	Title	
fair administrative hearing. In a	fair administrative hearing you have the	cam to discuss your ineligibility and/or reque opportunity to tell why you think you we er who does not work for the WIC program	ere not
signing and returning this form Administrative Hearings, 11 Sta	to the Maine CDC WIC Nutrition Progra te House Station, Augusta, Maine 0433 his notice. The Office of Administrative	ntative may ask for a fair administrative heram or by writing to the DHHS Office of 33. The request must be received within sign e Hearings will schedule the hearing and so	ixty (60)
program rules, the Hearing Offi	cer makes a decision, on behalf of the C the Maine CDC WIC Nutrition Program	ening to both you and WIC staff and revie commissioner of the Department of Health a will be notified in writing of the decision	and
What can I do if I do not like the appropriate Superior Court.	the decision? You can appeal the decision	ion within thirty (30) days for judicial revi	iew to
I do not agree with the decision  Signature	made by the WIC program and I reques	et a fair administrative hearing.  Date signed	

## **USDA Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.usda.gov/complaint-filing-cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov

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